

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
SEP 28 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0910
Date: 10-10-17
Amount Paid: \$75 9-28-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

W1418 Skylene Dr.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Sondra Thompson Scott Feiler		Mailing Address: 2248 Parkcrest Emmestad WI 54740		City/State/Zip: Emmestad WI 54740		City/State/Zip: Spring Valley WI 54777		Telephone: 715-214-7140		Cell Phone: 715-214-7140		Plumber Phone: N/A		Written Authorization Attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Contractor: N/A		Contractor Phone: N/A		Plumber: N/A		Agent Mailing Address (include City/State/Zip): 738 6th Ave S Spring Valley WI 54777		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 772 R 375		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are Wetlands Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Thaddeus Feiler		Agent Phone: 715-214-7140		Agent Mailing Address (include City/State/Zip): 738 6th Ave S Spring Valley WI 54777		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 772 R 375		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are Wetlands Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
PROJECT LOCATION SW 1/4, SE 1/4		Gov't Lot		Lots		CSM		Vol & Page 772/375		Lot(s) No.		Block(s) No.		Subdivision:	
Section 33, Township 35N, N, Range 09 W		Town of: Barnes		Lot Size		Acreage 0.610									

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Are Wetlands Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Are Wetlands Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Value at Time of Completion * include donated time & material \$2,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: TANK 750	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Deck Replacement	<input type="checkbox"/>			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 33'	Height: 8'
Proposed Construction: Deck replacement	Length: 24'	Width: 10'	Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance OCT 09 2017	Principal Structure (first structure on property)	()	
	Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2 nd) Porch	()	
	with a Deck	()	
	with (2 nd) Deck	()	
	with Attached Garage	()	
<input checked="" type="checkbox"/> Commercial Use OCT 05 2017	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify) Replacing Existing Deck	(24 x 10)	240 S.F.
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	()	
	Special Use: (explain)	()	
	Conditional Use: (explain)	()	
	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

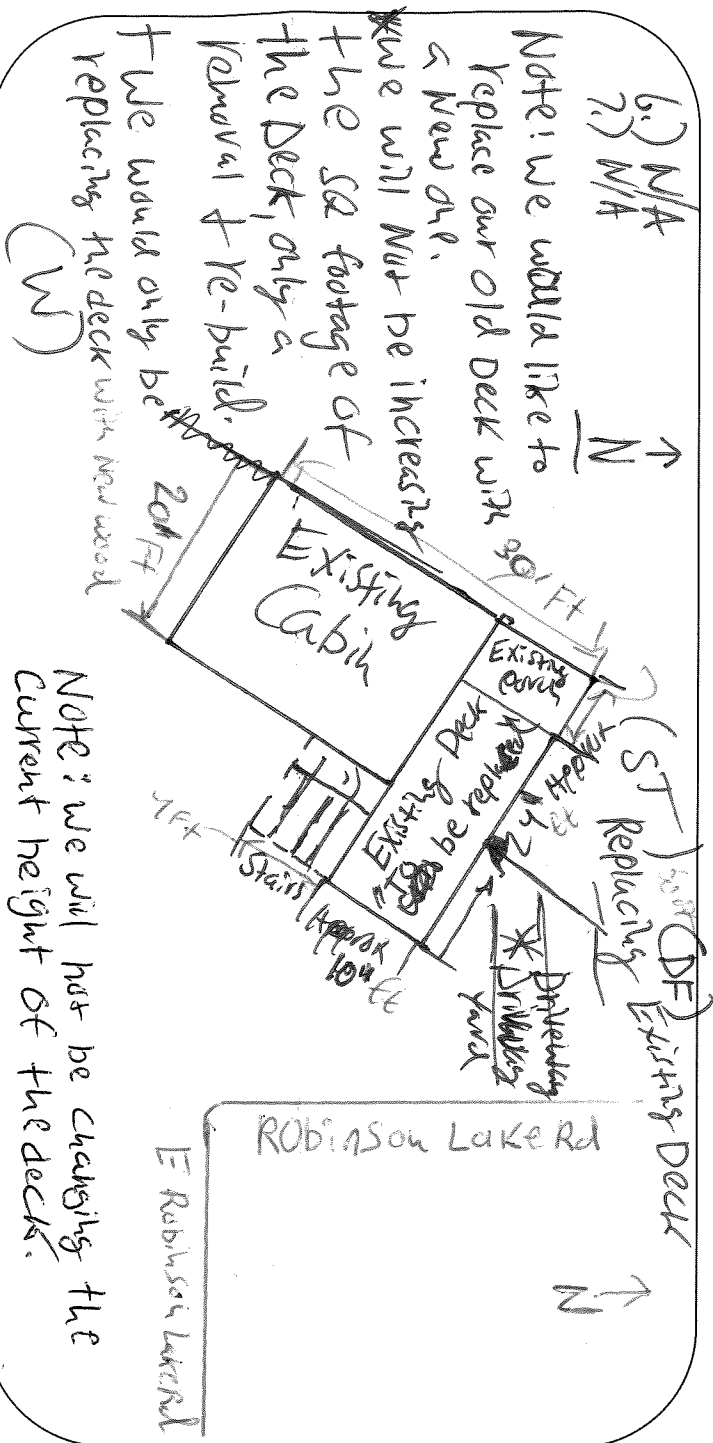
Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Thaddeus Feiler
Address to send permit 738 6th Ave S South St. Paul MN
Date 9/26/2017

Draw or Sketch your Property (regardless of what you are applying for)

Show Location of:

Proposed Construction

- (2) Show / Indicate:
North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:
All Existing Structures on your Property
- (5) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	41/4 Feet
Setback from the Established Right-of-Way	41/4 Feet	Setback from the River, Stream, Creek	41/4 Feet
Setback from the North Lot Line	108 Feet	Setback from the Bank or Bluff	41/4 Feet
Setback from the South Lot Line	54 Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	38 Feet	Elevation of Floodplain	41/4 Feet
Setback from the East Lot Line	85 Feet	Setback to Well	30 Feet
Setback to Septic Tank or Holding Tank	60 Feet		
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)	41/4 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 51427	# of bedrooms: 2	Sanitary Date: 3/29/73
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0410	Permit Date: 10-10-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:				
Date of Inspection: 10/21/17	Inspected by: A. Harte			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.				
Signature of Inspector: A. Harte	Date of Approval: 10/4/17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Village, State or Federal
Also Be Required

USE - X
NITARY - 51427
IGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0410** Issued To: **Sondra Thompson & Scott Feiler / Thaddeus Feiler, Agent**

Par in
Location: **SW** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **33** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Replace Deck (24' x 10') = 240 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 10, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 22 2017
Bayfield Co. Zoning Dept.

Permit #:	170478
Date:	10-10-17
Amount Paid:	75 8-23-17 75 9-6-17
Refund:	

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	James W Lancoeur		Mailing Address:	1810 Pine Chip Dr		City/State/Zip:	Barnes WI, 54883	
Address of Property:	1810 Pine Chip Dr		City/State/Zip:	Barnes		Cell Phone:	818-428-6471	
Contractor:			Contractor Phone:	Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:	Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	3852					
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Recorded Deed (i.e. # assigned by Register of Deeds) Document #:
Section 7, Township 45 N, Range 9 W					42		0306-E add'l to BETA 701111	
Distance Structure is from Shoreline: feet	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes--continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 4000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Drain	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 14'	Height:
Proposed Construction:	Length: 16'	Width: 14'	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Accessory Building (specify)	<input checked="" type="checkbox"/>	STORAGE GARAGE	(16' X 14')	234
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	Special Use: (explain)	(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James W Lancoeur & Shelley R. Lancoeur
(If there are Multiple Owners listed on the Need All Owners must sign (letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of _____ (s) a letter of authorization must accompany this application)

Address to send permit 1810 Pine Chip Drive, Barnes WI, 54873

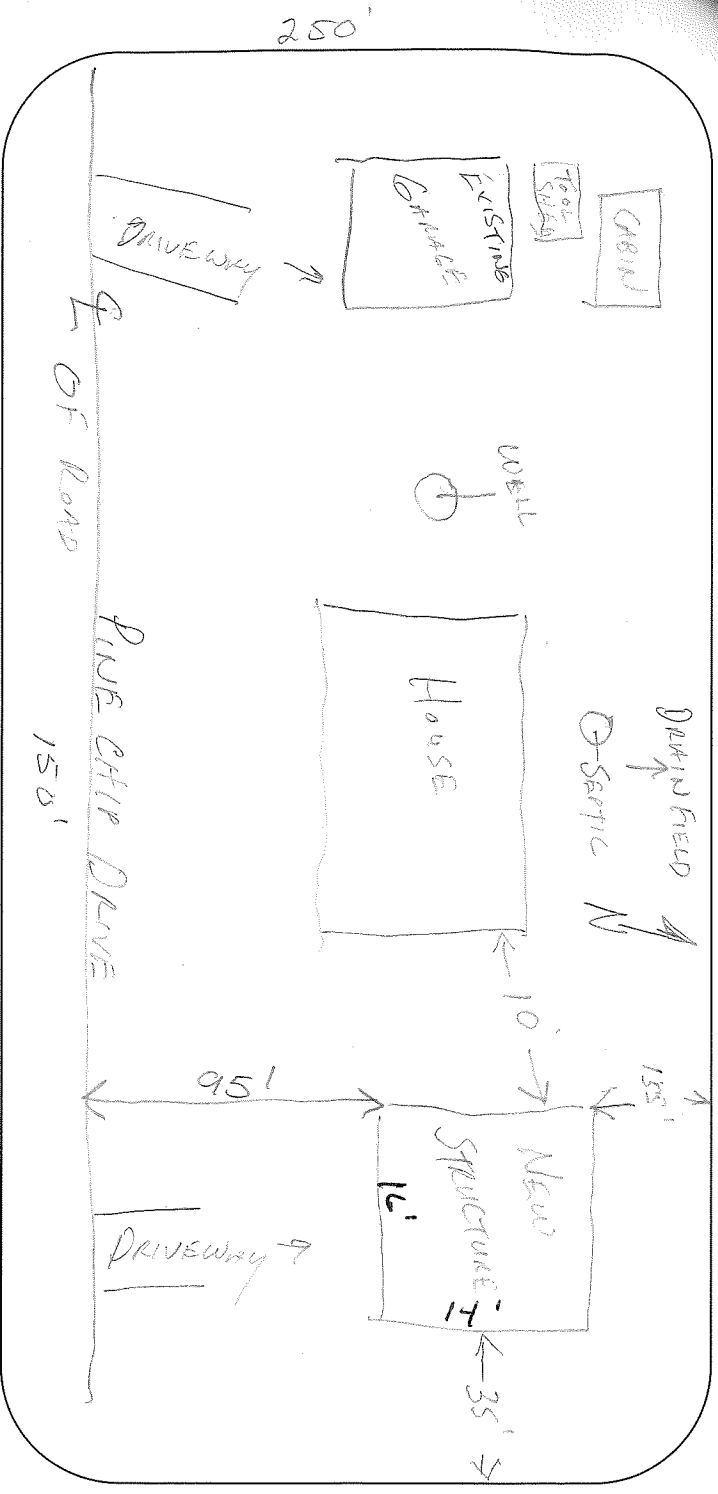
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

PAST DUE FOR SERVICE OF SYSTEM 809-12

Draw or Sketch your Property (regardless of what you are applying for)

- 2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):
- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	45 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	65 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot line	155 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	95 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	35 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0412		Permit Date: 10-10-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 8/28/17		Inspected by: [Signature]		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.				
Signature of Inspector: [Signature]				Date of Approval: 8/29/17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Village, State or Federal
May Also Be Required
ATF
USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0412** Issued To: **James Lancour**

Location: - ¼ of - ¼ Section **7** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **42** Block Subdivision **Osage Add to Potawatomi** CSM#

For: **Residential Accessory Structure: [1- Story; Garage (16' x 14') = 224 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 10, 2017

Date